

The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 008	3000002	CITY OR TOWN BECKET			
APPLICATION FOR RE	NEWAL: S	easonal	LICENSED FOR 2	2013	
	•	CLASS		YEAR	
LICENSEE NAME: JAC DOING BUSINESS A JAC					
ADDRESS GEORGE CA	ARTER RD.				
CITY/TOWN: BECKET	STA'	TE: MA	ZIP CODE: 01223		
MANAGER: GRIFFITI JEANNE	HS, TYPE OF LI	CENSE:Restau	rant CATEGORY	: All Alcohol	
EMAIL ADDRESS:					
	SE ALSO VISIT OUR WEBSITE AND	ENTER YOUR EMAI	L ADDRESS		
DESCRIPTION OF LICE					
			BOUTIQUE AREA AND T FE BLDG.; ALL LOCATED		
I hereby certify and swear	under penalties of perju	y that:			
1. the renewed lie	cense will be of the same	type for the sar	me premises now licensed;		
2. the licensee ha	as complied with all laws	of the Common	nwealth relating to taxes; and	l	
3. the premises a	re now open for business	(If not explain	below)		
SIGNED BY:					
Inc	dividual, Partner or Autho	orized Corporat	te Officer		
DATE:	TELEPHONE NUME	BER:	EMPLOYER IDENTIFICATION NUMBER:		
			(Note: <u>NOT</u> Individual Social Security Number)		
Acts of 2004, signed by	the building inspector a	nd the head of	ertificate required by Chap f the fire department for th nce required by Chapter 11	e above	
Please Check Below:			LOCAL LICENSING AUTH	HORITY	
APPROVED:			Ву:		
DISAPPROVED:					
(If disapproved explain)					
DATE:					
•					

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 \$ 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R:008000015		CITY OR TOWN	BECKET					
APPLICATION FOR	R RENEWAL:	Seasonal	Seasonal LICENSED FOR 2013						
		CLASS		YEAR					
LICENSEE NAME:	MDA,INC								
DOING BUSINESS	A BERKSHIRE BEI	RRIES							
ADDRESS 00650B	JACOB'S LADDER I	ROAD							
CITY/TOWN: BEC	CKET	STATE: MA	ZIP CODE:	01223					
MANAGER: GRAH.	VES, DAVID TYP	E OF LICENSE:Pa	ckage Store CA	ATEGORY: All Alcohol					
EMAIL ADDRESS:									
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS									
DESCRIPTION OF LICENSED PREMISES:									
437 SQ FT WITH SEPARATE ENTRANCE, TOGETHER WITH STORAGE ROOM OF THE BLDG									
3. the premi	ses are now open for I								
DATE:	TELEPHONI	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)						
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICENS By:	ING AUTHORITY					
DATE:									

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:008000020		CITY OR TO	OWN BECKET		
APPLICATION FOR	RENEWAL:	Seasonal	L	ICENSED FOR 2	013	
		CLASS			YEAR	
LICENSEE NAME: DOING BUSINESS A		y Store				
ADDRESS 609 MAI	N ST					
CITY/TOWN: BEC	KET	STATE: M	A ZIP COI	DE: 01223		
MANAGER: Sottile	e, Kristen M.	TYPE OF LICENSE:	Package Store	CATEGORY:	All Alcohol	
EMAIL ADDRESS:	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOU	TR EMAIL ADDRESS			
DESCRIPTION OF I ONE FLOOR, TWO STORAGE AND UT ENTRANCE AND E	ROOMS. FRON ILITY ROOM.	T ROOM IS STORE				
2. the license	ed license will be se has complied v	ties of perjury that: of the same type for with all laws of the Co for business (If not ex	ommonwealth rel			
SIGNED D1.	Individual, Part	ner or Authorized Co	orporate Officer			
DATE:	TELEPH	ONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:				
DATE:						

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